

Foster Family Home - Corrective Action Report

Provider ID: 1-615544

Home Name: Araceli Danao, CNA

Review ID: 1-615544-8

1430 Haloa Drive

Reviewer: Angelica Galindo

Honolulu HI 96818

Begin Date: 1/16/2019

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 3 person CCFFH recertification review made on 1/16/2019.

6.(d)(1) - Home in compliance with all requirements.

Angelica Galindo, CW

Compliance Manager

[Signature]

Primary Care Giver

1/16/19
Date

1/16/19
Date